


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90704 043 \*\*\*150.00

<b>DOCUMENT # K05947</b> 1. Entity Name <b>TRIPLE N OF BREVARD, INC.</b>					
Principal Place of Business <b>545 E. GARFIELD AVE. NIT #502 704 COCOA BEACH FL 32931 US</b>			Mailing Address <b>545 E. GARFIELD AVE. UNIT #704 COCOA BEACH FL 32931 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0030713</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NICHOLSON, THOMAS 545 E. GARFIELD AVE #704 COCOA BEACH FL 32931</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>NICHOLSON, THOMAS M.</b> <b>545 E. GARFIELD AVE, #502 704</b> <b>COCOA BEACH FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>NICHOLSON, THOMAS M.</b> <b>545 E GARFIELD AVE # 704</b> <b>COCOA BEACH, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>NICHOLSON, THOMAS M., JR</b> <b>723 S 152ND CR</b> <b>OMAHA NE 68154</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>NICHOLSON, WILLIAM O.</b> <b>10373 MORNING DEW LN</b> <b>MECHANICSVILLE VA 23116</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Thomas M. Nicholson - THOMAS M. NICHOLSON 4-27-04 (321) 783-9036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #